

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Patent Number	7141237
Filing Date	01/23/2004
First Named Inventor	Abram, Albert Zorko
Art Unit	1616
Examiner Name	Haghighatian, Mina
Attorney Docket Number	021706-000420US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

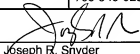
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has established new counsel for the above-referenced provisional patent application.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Nath & Associates		
Address	112 South West Street		
City	Alexandria	State	VA Zip 22314
Country	USA		
Telephone	703-548-6284	Email	
Signature			
Name	Joseph R. Snyder	Registration No.	39,381
Date	02/23/07	Telephone No.	925-472-5000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.